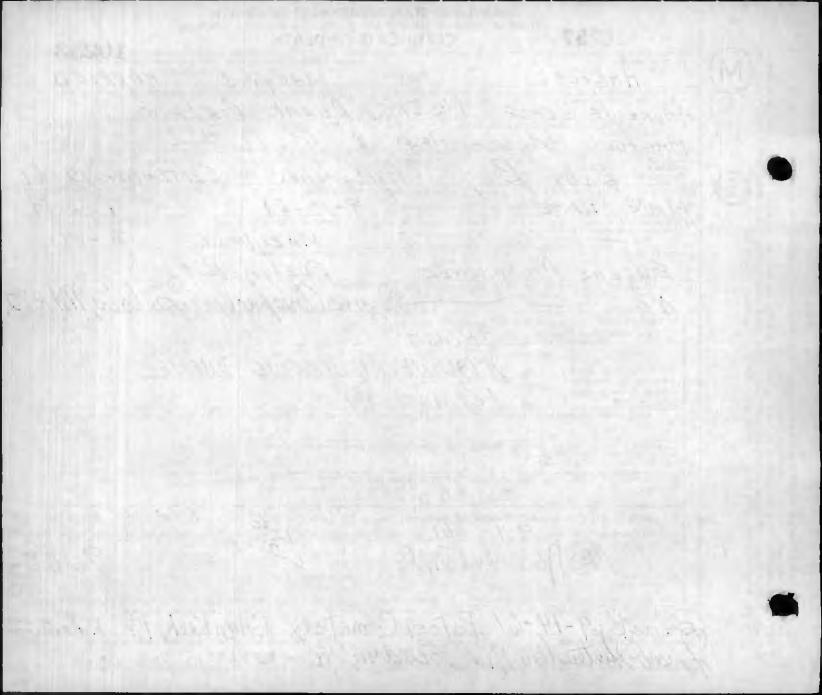
DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. COUNTY Filed b. COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give nearest town NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 5 YES NO ond NAME OF Middle 4. DATE Month Doy Year DECEASED (Type or print) DEATH 2196 丰 IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX 6. COLOS OR RACE NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years MARRIED completely last birthday) Months Days DIVORCED WIDOWED [papers. of H 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MA RUIANO

14. MOTHER'S MAIDEN NAME and corbon 72 13. FATHER'S NAME 17"INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ottending please INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o the **DUE TO** MEMBRANE DISEASE è permit. Conditions, if ony, which has been signed gave rise to immediate DUE TO cause (a), stating the underlying couse lost buriol-tronsit or offending physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremotion, PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) ö 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. (Stote) Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Haur a m While Not while DIRECTOR: After this ot work at work prior 21. I certify that (1) (this haspital) attended the deceased fram. detoched 1941, and that death accurred at 2 M, fram the causes and an the date stated above. saw the deceased alive an 22a, SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 sh the State DATE THEREOF BURIAL, CREMATION, 23b. KEMOVAL (Spedify) 0 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTO VR A15 (4) 8 Orthur S. Thank 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH



Ily filled in by the funeral within 24 hours after dec. Fage 4 may be retained by the hospital or attending physician. O FOIERAL DIRECTOR: After this certificate has been signed by the attending physician and correctly filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any avent, within 72 hours after death. PITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be exp

VR A15 (4) OH

15M 9/10

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10258 CERTIFICATE OF DEATH 10254

	PLACE OF DEATH	2	. USUAL RESIDENCE		titution, Residence before admission)
1	· COUNTY HOOFIED	MARYLAND	a. STATE	b. COUNTY	Hanton
-	b., CITY OR TOWN (if outside corporete limits, c. LEN	GTH OF STAY IN 16	CITY OF TOWN (IE	outside corporate limits, write R	IPAI and nive pearest town
11	write RURAL and give nearest town)	20-10-16) [(-	Sittle Site of the treatment for the
Ŀ	TAURE de ORACE O	O(CH)	HAUREde	e GRACE	24
33.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giv	e street address)	d' STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MI.	HARLORD WEMARIA	6 HASP	202 W.	Ison St	YES NO K
3.	NAME OF First	Middle		4. DATE Month	Gay Yeer
V	DECEASED (Type or print)	121		DEATH &	0/10/1
/	VUILLAM	Doyd		X LODIO	OMBER 8 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED X NE	VER MARRIED B. D	ATE OF BIRTH		UNDER 1 YEAR THE UNDER 24 HRS.
1	MALE White WIDOWED		1	1877 83 ym. "	
	. USUAL OCCUPATION (Give kind of work 10b, KIND OF E	SUSINESS OR INDUSTRY	II. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
	7 7 1 1	arm	Marvla	and	U.S.A.
13.	FATHER'S NAME	1 14	. MOTHER'S MAIDEN N		0.00
	Tab J W Jack 1		Ammia	Composition	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	CCCUDITY NO 1 17 PRID	ORMANT	Sampson Address 4	202 114 1 000 05
(Ye	s, no, or unkown) (If yes give we ror detes of service)	0.0			
	No 213-0	1-8838 Mrs	. W.E. Boy	d, Havre de	Grace, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	no fan	have		2206
	4 1 4 5 1	1 11) =
	T 3 X DUE TO	1			
	Conditions, it sny, which (b)	e Consu	1-1		
	(a), stating the underlying DUE TO	6	1 7 3	P. S. nout	
	cause last. (c) Order	in set	enter	, Canda vacal	Lang T
Z	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN	NG TO DEATH BUT NOT R	ELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	
OIL					PERFORMED?
CERTIFICATION	A A COURTY WAS THE PROPERTY OF	and the land of columns of	A Contractor De	Classic Research	I IES LI NO LA
RTI	OR CONTRIBUTING [CAUSE OF DEATH	OW INJURY OCCURED. (E	nier neiture of injury in re	or for real a or nem to.)	
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY (OF INJURY (Home, form,	20f. (City or town)	(County) (State)
ED	at work a	While factory,	street, office bldg., etc.)	Ĭ	
12	р.т.		141	11 8 14 9	15/11 111/11
	21. I certify that (I) (this hospital) attended the			96. f., 10	, 19.5., that (I) (we) las
	saw the deceased alive on Sept. 8	19.(a.l., and that de	eath occured at	.M, from the causes an	d on the date stated above
	22e. SIGNATURE		1 1		22b, DATE SIGNED
V	Co down Africa	M.D.	PHYS. DIE	ECTOR PHYS.	9/8/6/ SIGNEL
	22c. PHYSICIAN'S	771127	22d. ADDRESS		1/-/-
	NAME (Type) FALVARA T.	NON	Los de de	P 92 - 0	
	Lywrky		17/000	COL LOCATION CON	(Class)
23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. 1	NAME OF CEMETERY OR	CKEMATORY	23d. LOCATION (City, town	or county) (State)
	Burial 9/12/61 S	esutia Cen	netery	Perryman.	Md.
24	FUNERAL DIRECTOR'S SIGNATURE / Tarring	portuneral !	Home 25e. REC'E	BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
16	Lake & Tana Abo	erdeen, Md	DATE		9 40
4	The state of the state of		SEP	13'61 Gul	un I thouse
11	John G. Tarring				

Lessu. that the same of the condition of the Cartie Section * 7 5 . Is morter sos como ante manare la la como de la como Alle as an as as we long to the as as all of the The second secon Parties of the second of the second Abertson, Et. adland? . Church

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death any be retained by the hospital or attending physician.

TO FEMERAL DIRECTOR: After this certificate has been signed by the attending physician and commonly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before the prior to burial, cremation, or removal, and in any event, within 7 theurs after death. 15M 9/60

		MARYLAND	STATE	DEPARTMENT	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10259
CERTIFICATE OF DEATH
10255

1. PLACE OF DEATH •. COUNTY					2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. STATE b. COUNTY							
D	Harford			MARYLAN	D	Maryla		на	riora			
U	write RURAL and	autside corporete limits give neerest town)		c. LENGTH OF STAY IN	lb c, Cl	TY OR TOWN	(If outside corp	orete limits, wril	e RURAL e	nd give	nearest to	wn)
	Aberdeen			14 days	28	Aberd	een					
			not in hos	pital, give street eddress)	d, \$1	REET ADDRESS	,					RESIDENCE
	US Army H				# K9 8	Walke:	r St					A FARM?
3.	Aberdeen	Proving Gro	und,	Md Middle	11/2	Last .	4. DATE	Mont	L	Dev	Yes	
	DECEASED	Alber	3.5	Eugene	Clem	ents	OF DEATH			2		61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF	BIRTH	9	. AGE (In yeers	IF UNDER	TYEAR	IF UNDE	R 24 HRS.
	male	white	WIDOWE	D DIVORCED	19Aug	er.		last birthday)yrs.	Months	111	Hours	Min.
10a	 USUAL OCCUPATE during most of work 	ON (Give kind of work king life, even if retired	10b. K	IND OF BUSINESS OR INDU	ISTRY 11, BIR	THPLACE (Cou	inty & State, or	foreign country)	12. 0	ITIZEN C	F WHAT	COUNTRY?
	NA	ang me, even n teme	'	NA	F	Jarford	, Maryl	and	Ti	SA		
13.	FATHER'S NAME					HER'S MAIDEN		, compared to	1 0		-	
	7. (7.7						73 7	~~	. 1	0	thers	
- LP	James Cl						Roberta	. Stroken		1100	nui 5	
(Ye:	s, no, or unkown) [(If:	K IN U.S. ARMED FORC	rvice) 16.	SOCIAL SECURITY NO. 17	7. INFORMA	INT		Address	3			
	no			NA.	Mother		51	8 Walke:	r St	Abe	rdeer	a . Me
	18. CAUSE OF DI	EATH (Enter only one	ceuse per l	ine tor (a), (b), and (c).]					2000	I IN	TERVAL BE	TWEEN
		WAS CAUSED BY:	50-	t i a a wh						O	SET AND	DEATH
	710	MMEDIATE CAUSE (e)	_ sel	oticeme							14	
	100	DUE TO										
	Conditions, if any,		sta	aph aureus	type 1	ınknown						
	gove rise to immedie	DIETO		•								
1 1	(e), steting the un	derlying	0.00	طلائد فدلاه تممد								
z		SIGNIFICANT CONDITI		sociated with			INAL DISPASE	CONDITION GIV	FN IN PA	RT 1/e/i 1	O WAS	AUTOPSY
[일	17441 11. 011144		0110 001	The state of the s	THO PROPERTY	TO THE TERM	11012 01021102	00.1011.011.011			PERF	DRMED?
5									-		YES	NO X
CERTIFICATION	206. ACCIDENT WA OR CONTRIBUTING ((IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCU	RED, (Enter net	ure of injury in	Part I or Pert I	l of item 1B.)				
18	20c. TIME OF INJUR	Y Month, Dey, Yeer	20d.	NJURY OCCURRED 200.		URY (Home, far		y or lown)	(Co	ounty)		(Stete)
20c. TIME OF INJURY Month, Dey, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Street, office bldg., etc.) (Street, office bldg., etc.)												
	21. I certify th	at (I) (this hospita	i) atten	ded the deceased fro	m. 19. A	ıg,	1967, to.	2Sept	1	9.63	that (I)	(we) last
saw the deceased alive on2Sept19.61, and that death occured at64.M, from the causes and on the date stated at 22e. SIGNATURE												
									b, DATE			
								SIGNED				
	22c. PHYSICIAN'S	11.0010	2.1.11	A Para	ALL VELLEY		-			- 4-	11.4	OI
NAME (Type)												
		Malcol	n MC	Lean, M.D.	- 4-5-	Abe	rdeen P	roving	iroun	d. M	d	
23e	BURIAL, CREMATIC	ON, 236. DATE THERE	OF	23c. NAME OF SEMETE	RY OR CREMA	TORY	23d. 10C.	ATION (City, to	Mu ot con	nty)	1 15	Stete)
1/	BEMOVAL. (Specify)	9/5/196	1	1901 NUN 1	Weresprin	Parde	190	Her The	1 ary	lau	di	
24	FUNERAL DIRECTOR			rei mores Funer				TRAR 256. RE	GISTRAR'S	SIGNA	TURE	
	John G	Earring	- 4	2 1/2	wed.	DATE S			William .			- 11-
0	ATAIRI	x Wa										

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comple and ding affen þ signed has been the certificate hospital Sign 0 use for After this may be retain DIRECTOR: director, I

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporeta limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Year DECEASED DEATH (Type or print) 19 AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX last birthdey) Months WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign country) done during most of working life, even if refired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unkown) | (If yes give were redetes af service) Street, Maryland. William J. Cochran INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate ceuse DUF TO (a), stating the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO X 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) Not While While Hour a.m. et work et work p.m (a/...., 19, that (I) (we) last 21. I certify that (I) (this hospital) /attended the deceased from. 10.... and that death occurred at atm, from the causes and on the date, stated above. saw the deceased alive on. 226. DATE 228. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS.

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Abingdon, Harford, Maryland. Sept. 4.1961 Cokesbury Memorial 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS

DATESEP 7

arthur & House

Abingdon Maryland.

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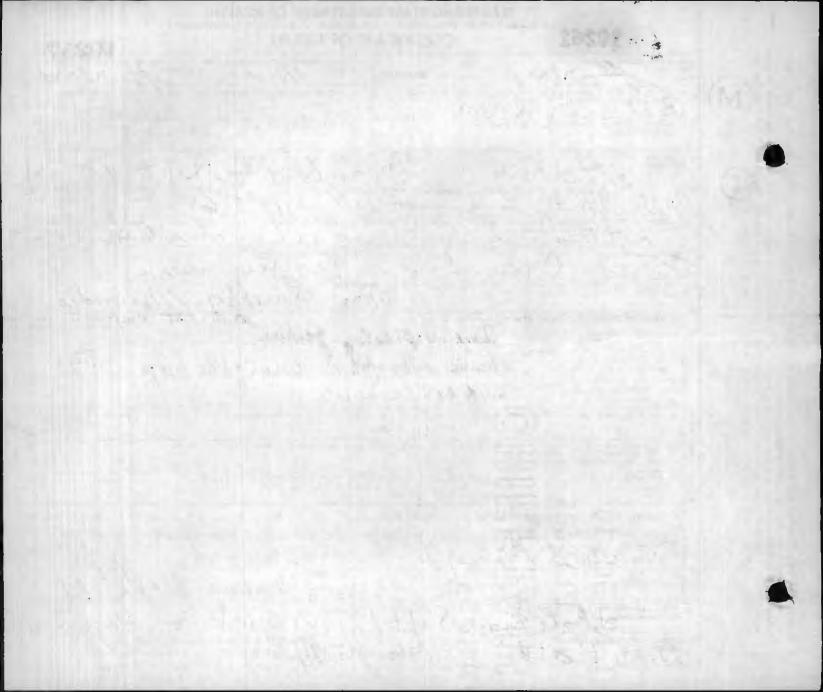
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

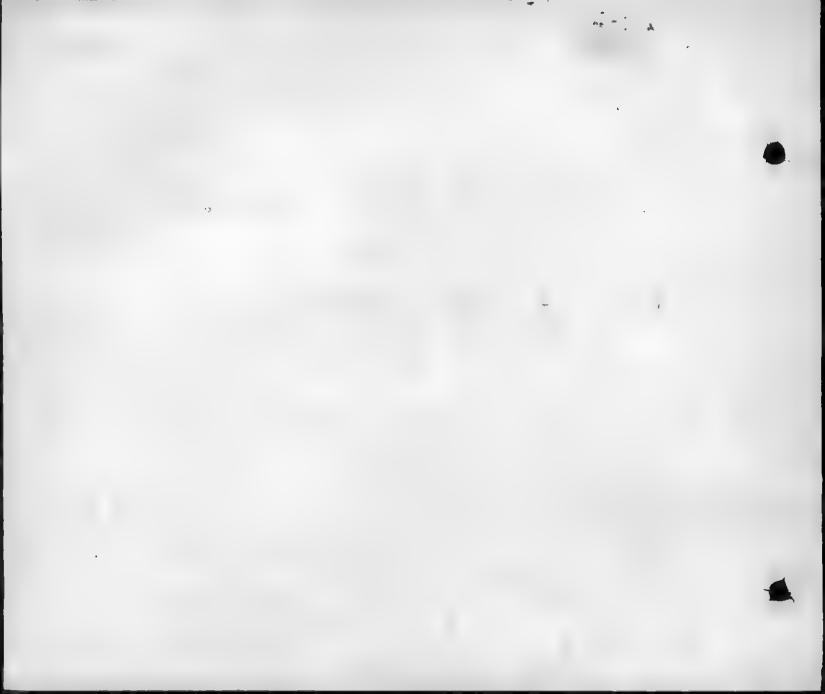
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10261

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside conditional limits, write c. LENGTH OF STAY IN 1b	CITY OF TOWN IS A STATE OF THE
DEAL and give negreth and it is the control of SIAY IN IB	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	YES NO
3. NAME OF DECEASED (Type or print) Middle	Lawland OF Hanth Son Year Year 1961
S. SEW OF COLOR OR RACE 7. SARRIED THEVER MARRIED	POATE OF WATH 9. AGE (In Mors IF UNDER 1 YEAR IF UNDER 24 HRS. 19 Jast birthday) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR DIE	USTRY 11 ARTHPLACE (State or foreign country)
during ment of working life, even if retired) Garage	gallopolis (1840 15)
13. POHED CONAME	THE MOTHER'S MAIDEN NAME
soug comoforg	TO TOTO TOTO
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) [If yes, give wor or dotter of service]	Mrs duella Mundis
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	extract mon l'INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Qurling 5 por	love Asilure ONSET AND DEATH
525 X DUE TO	1. 4. 1 5.00.
Conditions, if any, which gave rise to immediate (b) Chlome Alico	presche disease of the lings
couse (o), stoling the under- but TO with law ful	monale
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU NO NE	PERFORMED? YES \(\) NO \(\)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II af item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (Cily or town) (County) (Slote)
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED thour a. m. p. m. 19 While Not white at wark of work	actary, street, affice bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased fram.	
saw the deceased alive on19, and that	death accurred atM, fram the causes and an the date stated above.
Transcolm B. Borners OV	M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Courtland Bolkie . M.O.
The part furnish	100
23a. BURIAL, CREMINITION 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOWAL Specific Late Ridge Set 1	19,1961 Over Co Penna.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2SG. REGISTRAR 2Sb. REGISTRAR'S SIGNATURE CITCHIA & Trans



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND haurs after death. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest-town) plnous e IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS ON A FARM? OR INSTITUTION . 04 YES NO D 4. DATE NAME OF Middle Day Year DECEASED within 24 filled DEATH Poges (Type or print) RCS WC 1961 DIEM IF UNDER 1 YEAR IF UNDER 24 HRS SEX COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years tost (in thiday) Manths after Doys WIDOWED [7] DIVORCED I papers. cample USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo pou 2 13. FATHER'S NAME COL within physician remave WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO attending please CRUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) menou: Mur the DUE TO þ Canditians, if ony, which or attending physician. s certificate has been signed gave rise to immediate be DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY emation, PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18) After this certificate ö (IF EITHER, NOTIFY MEDICAL EXAMINER) SD SAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office blda., etc.) Haur o. m. While Nat while ot work at work p. m. 19____ that (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on. and that death occurred at M, fram the causes and on the date stated above ned by the DIRECTOR: 220 SIGNATURE MED DIRECTOR [PHYS M.D. 22c. PHYSICIAM'S 22d. ADDRESS FUNE 3 BUR!AL. CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State) NOT SUI NGTON 2 25b. REGISTRAR'S SIGNATURE JNERAL DIRECTOR'S SIGNATURE __ADDRESS 25a, REC'D BY REGISTRAR DATE SEP 2 6 '61 Cultur & Kinns VR A3S (4) EI 1SM 9/S9



VR A15 (4) 15M 9/59

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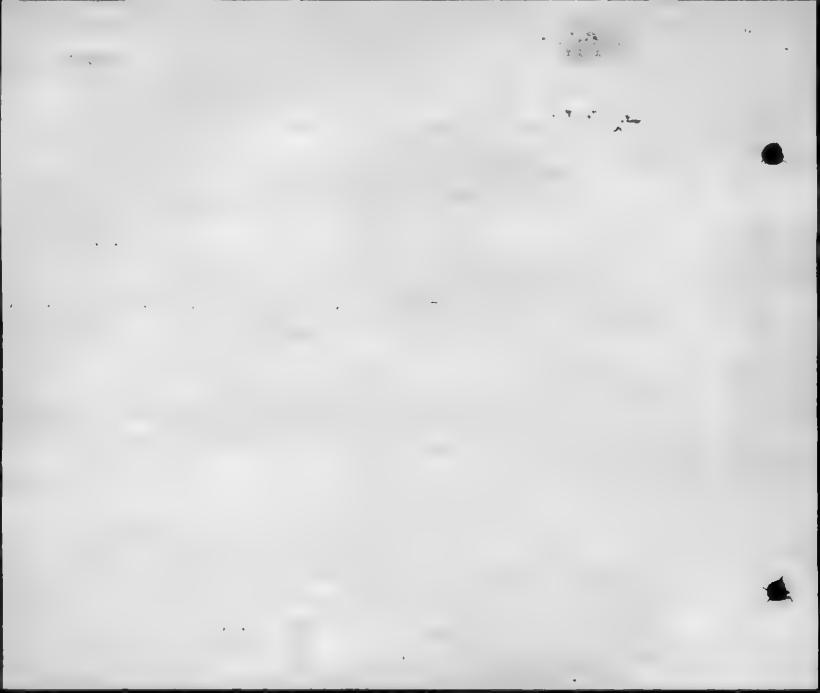
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

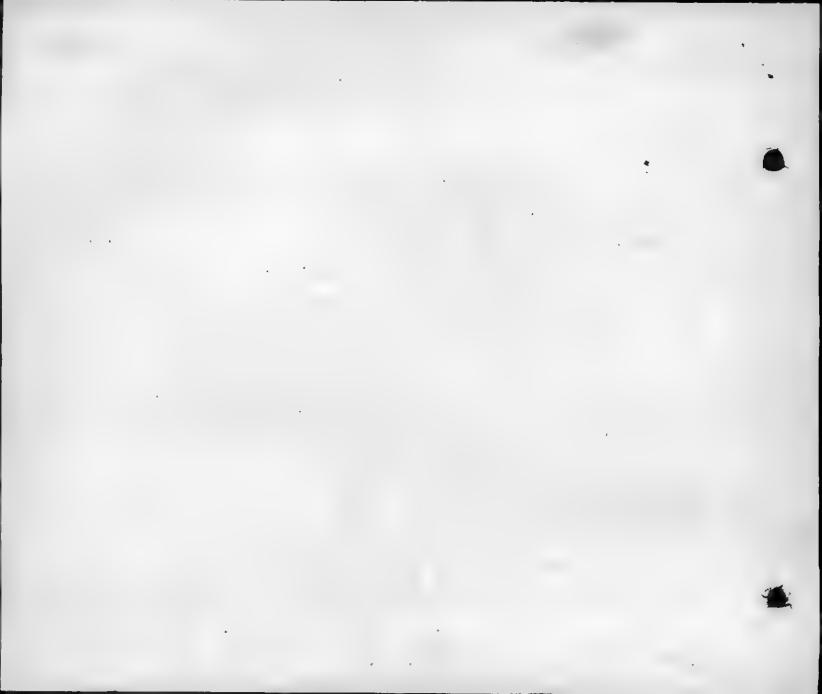
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1	PLACE OF DEATH		2. USUAL RESIDENCE (WI	here deceased lived. If in	stitution: Residence b	efore admission)
	O. COUNTY HAR FORD	MARYLAND	a. STATE /VID.	b. COU	INTY HARED	RD
Г	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	CITY OR TOWN (IF	outside corporate limits, w		
L	HAVRE DEGRACE	404RS	HAVRE	DE GRAC	E	
	d NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	OR INSTITUTION STOKES,	ST,	120 50.5	TOKES,	STI	YES NO NO
3.	NAME OF First	Middle	Last	4. DATE OF	Month	Day Year
L	(Type or print) HOWARD	BURNA	DENHAM		97.	30 1961
5	SEX 6 COLOR OR RACE 7. MARR	HED 🗹 NEVER MARRIED 🗀	B DATE OF BIRTH	9. AGE (In)		AR IF UNDER 24 HRS.
L	MALE WHITE WIDOWS	ED DIVORCED	JULY 29/	893 68	yrs Months Day	/s Hours Min.
10	c. USUAL OCCUPATION (Give kind of work done 10bduring most of working life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State	or foreign country)		OF WHAT COUNTRY?
(ARPENTER	ETIRED	MD.		U.	S.A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME 1/1/ -		
L	DOHAL DOYLE LIE	NHAM	MARGAI	RET YVA 1	ERS	
	. WAS DECEASED EVER IN U. S' ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT, 12 4) 11	Address	C 01
		A //	to Helen D. L.	enham, TIA	VRE DE G	-RACE/NO
Г	18. CAUSE OF DEATH [Enter only one cause per li	e fg. (a), (b), and (c).	BOAL AIN	10000	A C	NTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	MANA		NIWINIA	1	THE PARTY OF THE P
П	420,/ DUE TO	2000 100	1	000	1	
	Conditions, if any, which) (b)		_(_/_			
	gove rise to immediate Couse (a), stating the under-					
	lying cause last.					
NO.	PART II OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH B	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED?
CATION						YES NO
CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESC OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port 1 or Part II of stem 1	3.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL			PLACE OF INJURY (Hame, form octory, street, office bldg., etc	n, 20f. (City or town)	(Caun	rly) (State)
MED	Hour o. m. While at worl	IADI MUITE	. / street, office bridge, etc	"' [
	21 I certify that (I) (this hospital) attend	ed the deceased from	9/3-14-19	to SEPT.	30 1961	that (1) (we) last
	sow the deceased alive an	A.	114 " 11 002	M, from the cause		
	220 SIGNATURE	JUNIA			\	22b DATE
	UX 811h	1h ////	M.D. ATTENDING MI	ED STAFF	10	SIGNED
	22c PHYSICIAN'S NAME (Type)	THE WAY	22d ADDRESS	1.4	AVI	
	DA XIXI	1011/1/	Sterve	- MAXIMLES		
23	G. BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, I	swn, or county)	(Stole)
1	30 RIAL (Specify) Oct, 3, 1961	FRIENDS	(EM.	CECIL	Co.	7110.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	10 MD. 250 REC'		REGISTRAR'S SIGNA	
1	11. Madison Mulehelf	HAVRE D	ELTRACADATECT	6 '61 C	Irilian S. The s	A/D



2 1/	MARYLAND STATE DEPARTMENT OF HEALTH
Edp erim	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ***OBC # MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEBY	10404
> % . €	1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY b. COUNTY
necessary, ector. Page rour files.	b CITY OR TOWN (if outs de co-porate limits, and in c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de co-porate limits, write RURAL and give neerest lown)
director.	write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
5 # Clark	d. STREET ADDRESS
ined for	A Con Book Memoria Alland Road YES NO.
0.00 20 1	3. NAME OF First ROBBITE Audite Last 4. DATE Month Day Year
苦までる。	(Type or print) DE DOTS OU DEATH 9 - 7 196/
death.	5. SEX 6. COLOR OR RACE 7. MALRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Tale of the state	WIDOWED DIVORCED June 27, 1941 June Days Hours Min.
s 1, 2, a age 5 age 5 had 72 ha	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer Garbage Disposal Maryland U.S.A. 13. FATHER'S NAME U.S.A.
PA PA	Clyde Dotson Marie Mahan
FE E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116 SOCIAL SECURITY NO.1 17. INFORMENT
tem 18. with for permit.	(Yes, no, or unkown) (Hyesgive wer or deles of service) 162-32-2599 Mrs. Louise Dotson, R*1, Aberdeen, Md.
in Item in Sit perm in any	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b) and (c).]
be executed wentil in Item 18 e along with in Itemsil permit and in any of any	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fractive April
ionid be ex in pencil Office alon burial-tran moval, and	2) 5 × DUE TO
	Conditions, if any, which (b)
ifficate III	(e), steting the underlying DUETO
ertificate f. "pendin Examiner s used as	Cause lest. (c) PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY
0 9 2 0	PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C
IR: This the work Medical Medical Should be should be safe them.	20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enley nature of Injury in Part I or Part II of Ham 18.)
ing the sing the sing the sing the sing the purish	
EXAMINE ate, writing the Chief I R: Page 3 srior to buris	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home 10d. 20f. (City or town) (Stele) Hour e.m. 9 100 int work at work
EXA to the OR: P	
1 5 5 5 g	21. I certify that I took charge of the remains described above, weld an Autopsy Inspection Inquiry and in my opinion
	death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
E E E E E	ACTURE 2000 Polow ASSISTANT MEDICAL EXAMINER DATE SIGNED
evecute the low NERAL D	DEDITY MEDITY ALEMAN EVALUATED
70 = 1-	NAME (Type) CIA CI
0 41	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 g 4 0 g	Burial 9/11/61 Harford Mem. Gardens R.D. Aberdeen, Maryland 23. FEMERAL DIRECTOR Tarring France all Home 240. REC'D BY REGISTRAR 240. REGIST
VS A15ME : 5M 9/60	23. FINERAL DIRECTOR Tarring Frances al Home 240. REC'D BY REGISTRAR 246. REGISTRARS SANATURE DATE 1 3 '61 DATE P 1 3 '61
J/1 7/00	
1 6	John G. Tarring



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I de octor, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND 17 47 43 8 the funeral shauld be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b cLCTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest taya) 1e-6-RAC e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION YES NO D mon 4. DATE NAME OF Middle Month Day Year DECEASED OF DEATH Pages death. (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE \$7. MARRIED NEVER MARRIED last birthday) Manths Days Hours after 1884 July 1. DIVORCED | WIDOWED 17 12 CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) U.S.A. Merchant/ Feed Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lvdia/Long 17:-INFORMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No INTERVAL BETWEEN attendi 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 2 CRay DUE TO á Conditions, if any, which gned t gave rise to immediate DUE TO cause (a), stating the underbeen si lying cause last. burial-transit PART JP) OTHER SIGNIFICANT COMDIT ERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? crematian, YES NO I 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth. Day. 20d. INJURY OCCURRED Year factory, street, affice bldg., etc.) Haur a.m. While Not while at work ar wark 21 I certify that (1) (this hospital) bijended the deceased from. Mu 19.61, that (I) (wet lost 1961, and that death occurred at 1500 mam the causes and an the date stated above saw the deceased alive ansa DIRECTOR 22b DATE, 22a. SIGNATURE ATTENDING STAFF M D DIRECTOR | 9 af. 22d. ADDIRESS 22c. PHYSICIAN'S auld NAME (Type) TO FUNE 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 236 DATE THEREOF 23d, ŁOCATIØN (City, town, or county) (State) page the St REMOVAL (Specify) Mt. Zion Cemetery Burial Maryland REGISTRAR'S SIGNATURE FUNERAL DIRECTORS SIGNATURE Tarring Tüheral Home 25a. REC'D BY REGISTRAR DATESEP 1 5 '61 arthur & Kraue VR A15 (4) Aberdeen. Md. 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fureral, should. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY by the MARYLAND b, CITY OR TOWN (if outside co-porate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) á stite RURAL and give nearest-town) .⊆ illed d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES X NO NAME OF DATE a bbi& Month Year DECEASED OF comple (Type or pant) DEATH 19 within carbon S. SEX IF UNDER 24 HRS. 9. AGE (In y ars | IF UNDER 1 YEAR 7. MARRIED NEVER and birthday) Months Days Hours WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? County & State, or fareign country) do during most of working/life, aven if retired) 13. FATHER'S NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknwn) (Hyesqivewerordetesofservice) Wo 18. CAUSE OF DEATH [Enter only one cause parline for (e), (b), and (c). INTERVAL BETWEEN physician. ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) **burial-transit** DUE TO Conditions, it any, which gave rise to immediate cause **DUE TO** (e), stelling the underlying has burial. couse lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? 92 0 NO 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part | or Pert |) of item 18.) OR CONTRIBUTING | CAUSE OF DEATH DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 19 ب lo. that (I) (we) last attended the deceased from. 21. I certify that (I) (this hoppital) death occured a .. QQM, Premethe/causes and on the date stated above. should saw the deceased alive on. and that tate 22b. DATE 22a, SIGNATURE SIGNED STAFF ATTENDING MED PHYS. DIRECTOR PHYS. 22d. ADDRES: PHYSICIAN'S NAME (Type) LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 2314 DATE THEREOF NAME CEMETERY OR CREMATORY 23d. 23c/ 0 REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Cother S. House DATE

hours_afte



	1	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	TO FUNE CORRECTOR. After this certificate has been signed by the ottending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filled with	
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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	10267 CERTIFICATE OF DEATH 1WK Reg. Dist. \$0263
	PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MARYLAND b. COUNTY Halford:
	b. CITY OR TOWN II outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town? Lifeland Lifeland Hitter
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) U d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Edward Lop Hooper DEATH Sept. 16 196
L	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min.
10	DE USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) Light of working life, even if retired) Bulker 'FOR, Mil U.B.
13	Edward C. Hooper Mary Home
	(es. no or unknown) I I I yes, give wor or dotes of service) 2/3-/2-2/70 January Corper Links
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COYO - 2K- OCCI.
	Canditions, if any, which) (b) Severe Arterio Selecosis
	gove rise to immediate couse (a), stating the under-lying couse last. DUE TO
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Hypertensia CV A 371. 360 YES NO PY
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 of wark of wark of wark [Slote] 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)
	21. I certify that I attended the deceased from 195/, to 5cpt-, 196/, that I last saw the decease alive on 196/, and that death occurred of 196/, from the courses and on the date stated above
	ACTUAL William a. Taron M.D. Man Svilla, Md. 9-16-6
	PHYSICIAN'S NAME (Type)
22	BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county) (Stote) REMOVAL (Specify) Left 18 196 Bel air MA
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DE 2 0.161

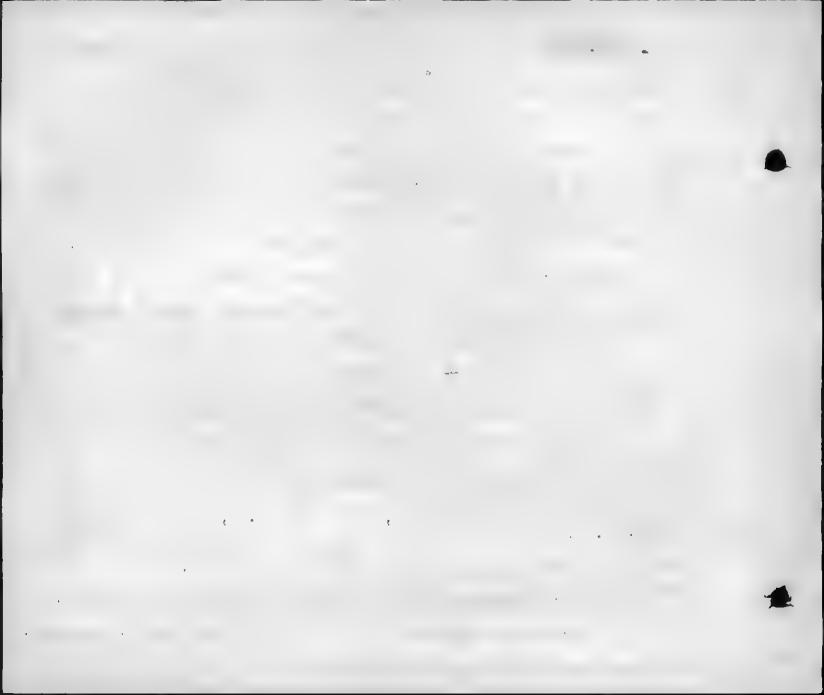


G295 9/18/61 1WR CERTIFICATE OF DEATH Ttem 22a Film G295 10268 Rea. Disti director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Filed . a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Harford Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give negrest towns 4 yrs. Aberdeen Aberdeen d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH Hueitt Hel en 19 61 Sept 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) HE UNDER 1 YEAR IF UNDER 24 HRS. female colored Months Days House WIDOWED [DIVORCED I YFS. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fureign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) none Maryland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William G. Hueitt Mary B. Jackson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address no Mrs. Pauline E. Tasco none Aberdeen Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ₻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia with Acidosis DUE TO Renal Insufficiency Conditions, if any, which) gave rise to immediate DUE TO cause (a), stating the under-Diabetes Mellitus lying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO IX 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year [County] (State) factory, street, office bldg, etc.) Haur e. n. While Not while at work at work to Sept . 4. 19 61 that I last saw the deceased 21. I certify that I attended the deceased from 111V alive on Sept and that death occurred at 6:30 M, from the causes and an the date stated above. 569 Revolution Street DATE SIGNED ACTUAL SIGNATURE /61 de Grace. PRETERM George T. Stansbury 569 Revolution St., Havre de Grace, Md., NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burled Sept. 7.1961 Greenspring Havre de Grace R.D.. Marvland. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR 11'61 Abingdon Md.. arthur & Kraus

within 24 hours after death.

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Rusidence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY N f. Louiside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporete limits, write RURAL end give neerest town) director. 20 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE DECEASED OF (Type or print) to th DEATH after 19 with 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED may 2 wit lest birthday) Months Days 5 mg WIDOWED -DIVORCED 6 USUAL OCCUPATION (GATE kind of work e during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? within form PM3. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no. or unkown) | [[fyesgivewarordetesofservice] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) e Office burial Conditions, if any, which geve risa to immadiata cause pending DUE TO (a), stating the underlying Examiner pesn causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19, WAS AUTOPSY to the Chief Medical ExOR: Page 3 should be prior to burial cremating PERFORMED? xecute the certificate, writing the word YES NO EXAMINER: This 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of Jem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED , 20e. PLAGE OF INJURY (Home, farm, , 20f. (City or town) Month, Day, Year (County) (Stote) prior to factory, street, office bldg., atc.) While Not While at work at work should be forwarded to the FUNERAL DIRECTOR: its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from-Natural causes Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL I ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) 220, BURIAL, CREMATION, 226. H REMOVAL (Specify) 40 OH Bucken 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURI VS. ATSME arthur S. Mars 5M 9,60



NAME OF DECLASED PURPLY AND THE PROPERTY OF TH	(X)	MARYLAND STATE DEPARTMEN	IT OF HEALTH—BALTIMORE, 18
PART I DEPT. PLACE OF DEATH COUNTY Harford See 9 Film G297 S. DOLA NENDENCE TWINE deceeved timed. If institution Rendence before admittation of COUNTY Harford S. STATE Perms. B. COUNTY S. DOLA NENDEROS S.		10270 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Reg. 64 ON Q 4
b CITY OR TOWN (if owth de criparate hand have a late) b CITY OR TOWN (if owth de criparate hand) c LENGTH OF STAY IN 1b c CITY OR TOWN (if owthide corparate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) did of the corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown) do not have a corporate limits, write PURA/ ond give anceres trown on a control of the PURA/ on a control of t	HEALTH DEPT.	1. PLACE OF DEATH ITEMS 8 & 9Film G297 Tra	. USUAL RESIDENCE (Where deceased fixed if institution Residence before admission) o. STATE Pennage b. COUNTY
Baltime Piece Pac Pa	Heories	b CITY OR TOWN (It outs do corporate lemits wir to RUTAL C LENGTH OF STAY IN 16	
Baltime Piece Pac Pa	State of the state	t-ano de arado	/ 5 X 1
Type or print George Low Death 9 22 1961	is nec	Baltime Pope Line	
Male White Widowed Divorced 10-5-08 1904 Construction Main, Months Doys Hours Min. 100, USUAL OCCUPATION (Give kind of work done 10b Kind of Business or Industry 11 Bittly) (Ace (Siole or foreign country) Construction 12 Earlier S. NAME 13 EATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 MAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 15 MAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT 16 COUNTRY OF THE COUNTRY	delpy re-free	3. NAME OF First Middle DECEASED (Type or print) George	of 0:30 AN
100, USUAL OCCUPATION: (Give kind of work done) 105 BORD C. L.	and the same of th		10 5 02 10() 4 for Ody) Months Doys Hours Min.
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220. SUMAL CREMATION 220 DATE THEREOF 22 (96) CHESTNUT GROVE CEMETERY MARYSVIEWE, PA. (Stote)	O DEP execut A short or its	PENOVAL IS	
23 FUMERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES			245. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Sent to Henry Fish Fish Fish Fish of Fund 1550 DATE SED 25 '61 Colon & Knus N. 2nd. St. Harrisburg, renna.	2M 2/3/	DOM OF THE PARTY O	The state of the s



DIVISION OF STATISTICAL RESEARCH AND RECO TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission) \$ 7 £ b. C.TY OR TOWN (if outs de corporete limits, yrite RJRAL and give node) town) EMENGTH OF STAY IN 16 write RURAL and give nearest town) ۵ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Page ON A FARM? YES NO C 3. NAME OF M dale paper n 72 DECEASED comple (Type or print) DEATH carbon AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast burthday) and Months Deys Hours WIDOWED A DIVORCED physician 1De. USUAL OCCUPATION (G ve kind of Work done during most of working life, even i etired) TOD. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? FATHER'S NAME MOTHER'S please altending Then (Yes, no, or unkown) (Ifyesgivewerordelesofserv.ce) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which geve rise to immediate couse DUE TO (a), stating the underlying couse lost. PART II. OTHER S GAMECANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS PERFORMED 20e. ACCIDENT WAS UNDERLYING [| 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Part | or Part | or Part | of item 18) OR CONTRIBUTING CAUSE OF DEATH | 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f., City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. DIRECTOR 22e. SIGNATURE ATTENDING STAFF SIGNED MED. DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) OF 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND DEATH OF Film G295 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town .⊆ e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF DATE Middle DECEASED OF 319 (Type or print) DEATH rpou 5, SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH WARRIED ast birthday) Manths Doys Hours Min. WIDOWED XX DIVORCED | VH. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? & State or Tore an country! Post of working I fe, even of retired 13 FATHER'S NAME pleas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Bn (Yes, not go uprown) | (If yes give werer dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY ATION PERFORMED? NO · CERTIFIC 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Homa, form,) 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from . 9 saw the deceased alive on. 22b. DATE 220. SIGNATURE ATTENDING MED. SIGNED STAFF X DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

, 25b. REGISTRAR'S SIGNATURE

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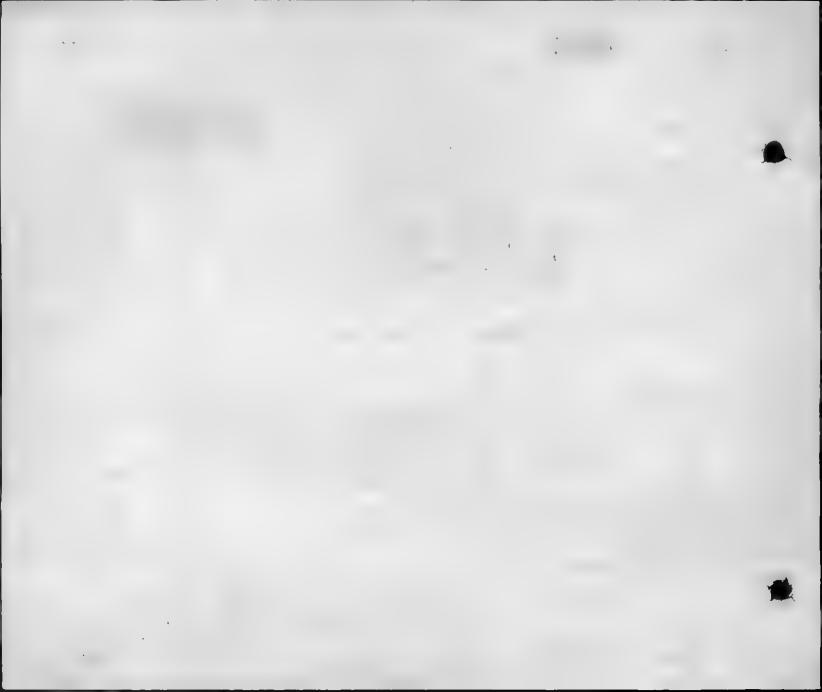
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VR A15 (4)

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BURIAL CREMATION.

DIRECTOR'S SIGN



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH Reg. Diff. No. after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE **b.** COUNTY be filed MARYLAND Harford Penna York funeral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN Th c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Rural White Hall Farn Grove. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION > ~ Private home NAME OF First Middle Lost 4. DATE Month DECEASED 24 fille (Type or print) Edith DEATH Rebecca Morris Sept. 3967 within 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Months WIDOWED 27 DIVORCED | W. 11-11-1882 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) inspector Fawn Mfg. Co. Penna. carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate Reed Almonev Mary Kisiner MOVe IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 17, INFORMANT 16. SOCIAL SECURITY NO. Address aftending Mrs. Harvey 1366 W. King St. York. Pa. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED 8Y: **DUE TO** permit. Canditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse tost, burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 20d. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour e. m. While Not while at work at work p. m. LL, ta SCRR 29, 19/L, that I last saw the deceased 21. I certify that Lattended the deceased fram. tached and that death accurred at AMM M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ping PHYSICIAN'S Edward W. Hyson NAME (Type) 22b. DATE THEREOF 220. SURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) 9-26-61 Fawn Grove, York Co., Pa. Fawn Grove Meth. Cem. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE SEP 2 6 '61 Citimor S. Krales Stewartstown, Penna.

IS RESIDENCE

ON A FARM?

YES NO

Year

19

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO FA

> > (State)

DATE SIGNED

(Stote)

Day

Days

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VS A15 (4)



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	DIVISION OF STA	TISTICAL RESEARCH A	ND RECORDS BALTIA	MORE 1, MARYLAND	
	10274	CERTIFICA	TE OF DEATH	t = - 4.4 ·	40000
	1 PLACE OF DEATH	7-17-8-14-X	2 USUAL RESIDENCE WH	ere deceased lived. If Institutio	n: Residence before admission)
	O. COUNTY HAR FORD	MARYLAND	O. STATE MARY	I And b. COUNTY	HARFORD
	b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN HE of	ulside corporate limits, write RL	RAL and give nearest town)
	RURAL and give nearest lown) HAURE OF GRACE	4 DAYS	K RUPAL	ABERGEE	S
	d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	·ess) .	d. STREET ADDRESS		8. IS RESIDENCE ON A FARM?
ļ	HARFORD MEMORIAL	HOSP.	1 R4 1 BC	x 224	YES NO
	3 NAME OF First	Middle	Last	4. DATE Mont	h Day Yeor
	(Type or print) HANA	1 6	GONOWSKI	DEATH EDIEN	DER 29 1961
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and the	I-EMALE WhitE WIDOWED		7-11	6 63 m	
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	Here		POIANC	7	U.S.A.
	13 FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
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	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC (Yes, no, or unknown) (If yes, give war or detec of service)	IAL SECURITY NO. 17 IN	FORMANT	Addre	71 E
	No		THAT	14 3/4/1	
	18. CAUSE OF DEATH Enter only one couse per line fo	(1), (b), and (c)	· /	1 1/11 .	ONSET AND DEATH
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	PART IF OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE OR CONTRIBUTING 2cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	5 20c. TIME OF INJURY Month, Doy, Year 20d. INJUR	RY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stole)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While of work 19 of work 1	Not while of work	tory, street, office bldg., etc.)	
i	21. I certify that (I) (this haspital) attended	the deceased from	xel 25 10	6/ 10 Self 29	that (I) (we) last
	saw the deceased alive on Select 25	//	eath accurred at 24	0	d an the date stated above
	220 SIGNATURE C	_ 17		Programme cooses dire	22b, DATE
	E kin timon	-	M D. PHYS.	RECTOR PHYS.	9-29-61 SIGNED
	22c PHYSICIAN'S NAME (Type)		22d ADDRESS	5,	<1
	1/1/3/3/14	(0)	Afani Lo	the standard	The contraction
	230 BURIAL, FEMATION, 23b, DATE THEREOF 23	C. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION City, town, o	(Stale)
	REMOVAL (Specify) 10- 7-61	Atoly	(1620)	X-)al 1	5 ,
i	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS L.	250 REC'E	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	Mc Cully Juneral Hame	Dalkon	DATE OF	T3 161 an	thur & Hraus

	MARY	LAND	STATE DEPA	ARTM	ENT OF H	EALTH	I—BALI	IMOR	E, 18	3		
	חסספ		CERT	IFICA	ATE OF E	EATH	1			Regy Dista	d)wy()	
I. PLACE OF DEATH o. COUNTY Ha:1	rford	·	MAR	YLAND	2. USUAL RESII o. STATE	Maryl			nstitution		before odmi	ssion)
RURAL ond give		ts, write	c. LENGTH OF STAY	- 1	c. CITY OR 1			41	write RUR	AL and giv	e nearest to	vn)
	ION, Rural ITAL (If not in hospitol, g	ive street		yrs	d. STREET A		n R.D	• # <u>1</u>			ON	ESIDENCE A FARM?
NAME OF DECEASED	Fin	3Î	Middle	0	Los		4. DATE		Month		Day	Yeor
Type or print)	Walte			T.	Peaker		OF DEATH		ept.	18		19
male	colored	WIDOWE		ED 🗀	B. DATE OF BIRTI	. 1893	3	9. AGE (In last birth 68			YEAR IF UNI	
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Labor			F	arm			., Ma:	rylan	d	l t	J.S.A.	
PATHER S NAME					14. MOTHER'S	MAIDEN N	IAME					
	enhen Peake		SOCIAL SECURITY NO	Ö. 117. #	Sa.:	rah W	nite		Addres	4		
(es, no. or unknown)	(If yes, give war or dates of se	ervice)	17-09-6191		Mattie V	. Peal	kan	Abin			vland	
118. CAUSE OF DE	ATH [Enter only one co				Tarete A	· real	rer.	AUIII	guon	Mar I	INTERVAL	ETWEEN
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Conditions, if	on a subtable		tore	700	nella	1634	1 20					
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olive on	[2ht 18	. 19	1 1	death	occurred ot	2.30	PM, from					
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I ACTUAL		116	i clithy	A	M.D	- mile	Cl4 7	7 7	1115	-61	Ar.	13 17
ACTUAL SIGNATURE	1411 11											
PHYSICIAN'S NAME (Type)	Fred O. Hod	lus			Ed	/ gewoo	d Mar	yland				
PHYSICIAN'S NAME (Type)	ON, 22b. DATE THEREO		22c. NAME OF CEN	AETERY OR		gewoo	d Mair 22d. locati			county)	(Ste	ole)
PHYSICIAN'S NAME (Type) 20. BURIAL, CREMATI REMOVAL (Specification)	ON, 22b. DATE THEREO	F	Mt. 7.1				22d. LOCATI	ON (City,	own, or	arfor	d, Mar	ole) ylan
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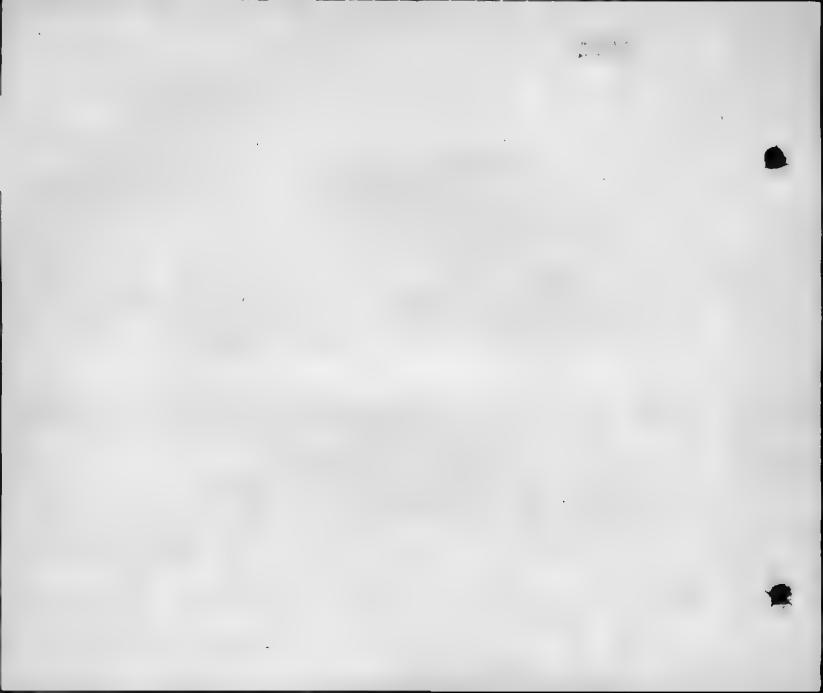
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be registed by the haspital or attending physicion.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled by the funeral director, page 3 stoold be detached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 m/d 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 havrs after death.

VS A15 (4) 15M 9/55 AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEAR RESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased livad, If institution: Residence before admission) y is necessary, I director. Page or your files. a. COUNTY HARFOR MRFCKD MARYLAND b CITY OR TOWN (if outside corporeta I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) ALMIA RLINGTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B 6MILES NORTH OF ISELAIR YES NO 3. NAME OF 4. DATE Year DECEASED to the OF the (Typa or print) DEATH SEP _ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 5. SEX 9. AGE (In years HE UNDER 1 YEAR, IF UNDER 24 HRS. nd 2 with last birthday) Months Days Hours WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? \$ 7× done during most of working life, even if retired) CRANE OPERATOR MOITSUSTINO Within 13. FATHER'S NAME RICHARDSON 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT (Yes, np. or unkown) (Ifyesgivewarordetasciseryice) 215-34-6853 EMMETT C 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). r's Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MANDE SHULL FRACTURE INSTANT AND FRACTURE ZND AND BRO CERVICAL Conditions, if eny, which VERTEBRAL AND SENERED gava rise lo immediate causa DUE TO (a), steting the underlying Examiner CORD cause last. cremation, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01 19. WAS AUTOPSY 9 PERFORMED? MANDIBLE, MAXILLA Medical should be LT RADIUS, ULNA, FEMUR, LT CHEST 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part | pr Part | of item 18.) 20%. EXTERNAL CAUSE WAS PRIMARY D. or CONTR BUTING CAUSE OF DEATH. AUTO ACCIDENT REAL - RAN INTO IRACTOR TRAILER Chief 7 to the Chie 20d. INJURY OCCURRED | 20d. PLACE OF INJURY (Homa, form, While Not While factory, street, office bldg., atc.) Month, Day, Year 20f. (City or town) (County) (State) 9 factory, street, office bldg., atc.] Not While at work at work K HIGHWAY KALMIA, BELAIR HARFORD prior ecute the certificate, 21 I certify that I took charge of the remains described above, held an Autopsy Inspection ... Inquiry and in my opinion GE agent, should be forwarded FUNERAL DIRECT death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE SEPT 28 NAME (Type) Address (Street, city, town, or county) DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) TMOVAL (Specify) 240 g NEW BRIDGE DURIAL FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATEOCT 2 Cirthur & Thank



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) . PLACE OF DEATH e. COUNTY Page **b.** COUNTY MARYLAND 40.00 b. CITY OR TOWN (if outside cerporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) 5 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS . IS RESIDENCE Boal ON A FARM? w cul YES X NO NAME OF Middle DECEASED [Type or print] DEATH -6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. iast birthday). SEPT. 25, WIDOWED [10a. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S. GOVERNMENT 1.5.4 U. S. Army pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lottie Eddie FIB 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (WITE) Addms RoutE#1, Box 88 (Yes, no, or unkown) ((Ifyesgive were rdeles of service) Mrs. Helen MARIE Pitsinger FAllston, MAryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if env. which (b) gave rise to immediate couse **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19. WAS AUTOPSY PERFORMED? 3 NO -Medical plnous 20m. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 5 PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20d. NJURY OCCURRED , TOo. PLACE OF INJURY (Home, farm, 20f. (City or lown) Month, Day, Year (County) factory, street, office bldg., etc.) Not White While et work pm, prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection 😾. 20 Inquiry and in my opinion forwarded to DIRECT(Natural causes Accident Suicide 😓 Homicide Undetermined manner death resulted from-CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for DEPUTY MEDICAL EXAMINER 📝 Address (Street, city, town, or county) 220. BURIAL, CREMATION, 225. DATE THEREOF 222 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) Mt. ZON Methodist Cemetery Fountyin Green, Hanford Co., Maryland 40 9 13 ur (12) ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR W. Brondway + WillPams St. Be Hir, Mary And VS. A15ME DATE 5M 9 60 -Doseph W. Foster



AND STATE DEPARTMENT OF HEALTH



TR ATTENDING PHYSICIAN: The low requires that the direct certifical be exacuted within 24 hours ofter death. Page 4 TO HOSP—— BR ATTINDING ENYSICIAN: The law remuires that the dmath certifical be exacuted within 24 hours ofter death. Page 4 may be fined by the haspital ar attending physicion.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the Stote Board of Health prior to buriol, cremotion, ar remavol, and in ony event, within 72 hours after death.

VR A15 [4] 15M 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

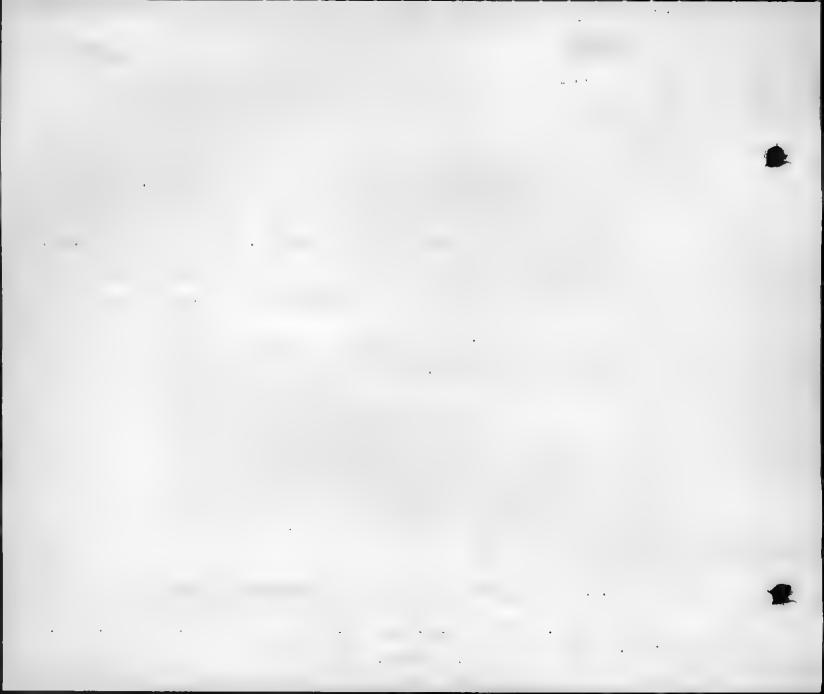
L	10279	CERTIFICA	IL OI DEATH		4	005/4
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Who			e perore admission)
	O. COUNTY HARFORD	MARYLAND	O. STATE MARIN	And '	O. COUNTY	(FORI)
		NGTH OF STAY IN 16	c. CITY OR TOWN IF or	itside carporate lir	nits, write RURAL and g	ive nearest town)
14	RURAL and give nearest town)	5 Hours	BELD:	P.		4
14	d. NAME OF HOSPITAL (if not in hospital, give street address	I IIOUES	d. STREET ADDRESS			e IS RESIDENCE
H	PARFORD MEMORIAL	HOSP.	338 h	Ebst	ER I	ON A FARM?
	NAME OF First	Middle	/) Losi	4. DATE	Month	Day Year
	(Type or print) I-Ruing		KEISER	OF DEATH	EDTEMBE	e 191961
5.	SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AG	(In years IF JNDER	TYEAR IF UNDER 24 HRS
L	MA/E WhitE WIDOWED	DIVORCED [October 11, 19	218	birthdoy) Months yrs	Days Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b. KIND (during most of working life, even if retired)	OF BUSINESS OR INDU	STRY II BURTHPLACE (Stole of	r fareign country)	12 CITI2	ZEN OF WHAT COUNTRY
	MERCHANT STOR	E CHINE!	e MARY	ilrand		USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	1	
L	LEWIS KEISER		KEhA	=CCA	85it	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	L SECURITY NO. 17	FORMANT		Address	
ĮYe	Yes , W. W. 11 214-2	0-6270 Mr	s. Morris Bern	an- 3714	Howard Pk	Avenue
	18. CAUSE OF DEATH [Enter only one couse per ine for	p), (b), and (c).)	1 - 1.	00	-1-	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	rior br	ufo Oar alia	2 Dut	arction	
	U201 DUE TO			8		1 00
	Canditions, if any, which) the Coron	ard-t	Throm bose			Rudglen
	gove rise to immediate			1 .		6 hours
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Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PART	1(0) 19. WAS AUTOPSY
CATION		0				PERFORMED?
=	200 ACCIDENT WAS UNDERLYING TO 20th DESCRIBE H	OW INTERPRETATION	D. (Enter nature of injury in F	ort Lar Part II of	item 18 1	123 [] 110 [
CERT	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)	- CONTROL OCCURRE	at the least of their in			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY	fo.	ACE OF INJURY (Hame, farm, ctary, street, affice bldg, etc.		wn) (C	County) (State
AED.	Haur a m 19 While A at wark	ACAT MALLINE .	crary, street, diffice blog , etc.	-9		
-		a deserved from	Sept 19th 19	61 . 10	12. 19 Hack	I, that (I) (we) las
	21 I certify that (1) (this hashifal) attended th		1/ / 1	OPIG	(Z_1_C1/_SY/173#.	
	saw the deceased alive on 17/1/7/1/7/1/220 SIGNATURE	19.62. (, and that a	leath accurred at	W/ Trom ille (couses and an the	date stated above
	5 Andro ZIII	allen)	M.D ATTENDING ME	D STA	AFF YS. 🗆 ,	9/18/9
-	22c PHYSICIAN'S	1	22d ADDRESS	ECIOK L.) FR	4 6	11115
	NAME (Type) Eduardo. F	LOG MS) DUN.	Union/	Ave, Ha	ere acgra
23		NAME OF CEMETERY C	R CREMATORY		City, tawn, or caunty)	(State)
	Burial Sept 21/61	Rodfe Zedek		Balt	imore, Mar	yland
24.		ADDRESS	25a. REC'I	BY REGISTRAR	25b. REGISTRAR'S SIG	
	Sol. Levinson & Bros. Inc. 60	010 Reist Re	oad DATESE	2 2 '61	Calma L.	9 Craus
F,	204. 40.47.100.		SEP	2 2 '61	1 1000	



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10280 March director, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence a. COUNTY o. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write PUIAL and give negligest target) c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMIN CRANKTITUTION YES NO NAME OF DATE Middle Lost Month Day Year Filled DEATH Pages (Type or print) 26 19 61 death u a Sepi UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In year S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED I B. DATE OF BIRTH lost birthday) after Months Doys Hours WIDOWED [DIVORCED [7] yrs. papers. 12 CITIZEN OF WHAT COUNTRY? TOO, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Maryland U.S.A.. pup none carban 14, MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. SOCIAL SECURITY NO. Address Aberdeen Thomas Ryan Maryland attending no none IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY -CU2-UN IMMEDIATE CAUSE (o) ambhofancumunter ‡he DUE TO Conditions, if ony, which 'emaya permit gned gove rise to immediate DUE TO cause (a), stating the underar attending physician. lying couse lost. has been si burial-transit b PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CERTIFICATION cremation, PERFORMED? 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) certificate the burial, 00 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) USB Hour o. m. While Not while After this at work ot wark p. m. 26, 1961, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from 3277 22 detached Sept 26 1961, and that death accurred at 4 PM, from the causes and on the date stated above Health saw the deceased alive an. DIRECTOR: 22o. SIGNATURE SIGNED ATTENDING PHYS MED. STAFF PHYS å 6 M.D. 22d ADDRESS 22c. PHYSICIAN NAME (Type) φ Plunkett, Jr. Aberdeen Maryland. FUNE BURIAL, CREMAT ON, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (State) REMOVAL (Specify) Sept.29.1961 Cokesbury Memorial Harford Burial Abingdon. 2 Howard K. Mc Comas & Son 25b. REGISTRAR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR '61 arthur S. Hrank VR A15 (4) DATE OCT 2 Abingdon, Md., 1SM 9/59

11111X

MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH 10281 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence filed a. COUNTY o. STATE Harford b. COUNTY Harford MARYLAND death; Unergl CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Life MD JOP PA d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt 1 Box 99 Rt.l Box 99 YES NO A NAME OF Middle 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 19 6 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years birthday) Months Hours WIDOWED IT DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Westinghouse USA Harford Co Machinist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Norris Phillip Sewell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) Md Box 99 Mrs Annette Sewell 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 94280 DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the under-Me 11.4lying cause lost. PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? YES NO TE 200. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. n. While Not while of work | of work 21. I certify that I attended the deceased from . 19,62 Lithat I last saw the deceased 4M, from the causes and on the date stated above. and that death occurred ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S (Type) 220. BURIAL, CREMATION, 1 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 8-1.961 HARIFORD Burial <u>Mt Christian Cemeterv</u> 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SFP 11 '61 Critis & House

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



BEALTH DEPT. TO DE TY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If at the creation please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the creation of the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death:

VS. A15ME 5M 9160

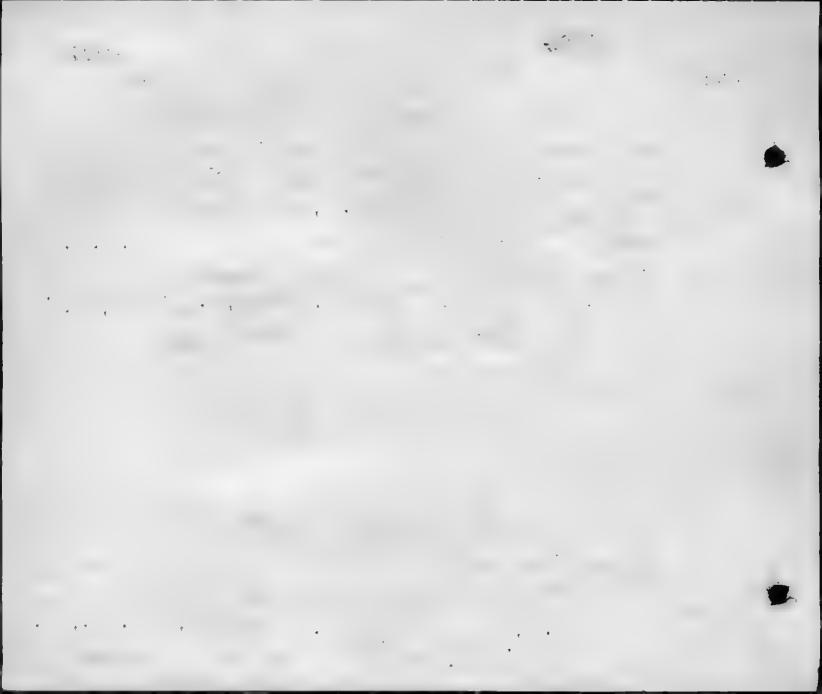
		MARYL	AND STAT	E DEPAR	TMENT OF	HEALT	TH	
Division :	of STATISTICAL	RESEARCH	AND RECO	RDS, 301 \	W. PRESTON	STREET,	BALTIMORE 1,	MARYLAND
	. AAFI	DICAL F	YAMINE	R'S CER	TIFICATE	OF D	FATH	

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ı		PLACE OF DIRECTION		2. USUAL RESIDENCE (W	here decessed lived, If Institutions	Residence before admission)
J	-	a. COUNTY	RYLAND	a. STATE	b. COUNTY	~/ · /
Y		b. CITY OR TOWN (if outside corporate limits.		CITY OF TOWAL OF	Dispar	142
1		write RURAL and give nearest town)	MAI IN ID	E. CITY OR ID WITE IF BUISIC	de corporeta I m Is, writa RURAL ar	ded As usasast town)
1		Beptin July	25	1 Bob	Acr	
ı		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streets		d. STREET ADDRESS	*	. IS RESIDENCE
1		MIR. + 22		1 MA Run	77	ON A FARM?
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ı	5	(50 00 00 00 00 00 00 00 00 00 00 00 00		DATE OF BIRTH	9. AGE (In years IF UNDER	
1	J	SEX OLOK OR RACE 7. MARRIED NEVER MAR	KIED [0.	, , ,	jast birthdey) Months	Days Hours Min.
1		WIDOWED DIVOR	CED [6-16-1894	67 yrs.	
1	10a	B. USUAL OCCUPATION (GIVE kind of work 10b, KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country 12. Cl	IZEN OF WHAT COUNTRY?
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ı		FOREMAN CONSTRUCTI	3.N	MONTO OM CHY	a md.	_ A 2 L
Ш	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		
F	13	BENJAMIN W SMITH ST		BETTYTITL	. \./	
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECUR.T	(NO.1 17. II	NEORMANT	Address	· —
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ł		No 1 17-07-3	127 Mr	scatherine Sm	Th RT/ Bel.	Air Mal _
ı		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), en	d (c).]			INTERVAL BETWEEN
ı		PART I. DEATH WAS CAUSED BY:	0	20 ph 11 m	-warener	ONSET AND DEATH
ı		IMMEDIATE CAUSE (a)				
ı		DUE TO				
1		Conditions, if any, which) (b)				
ı		geve rise to immediate cause				
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1		cause lest. (c)				
1	Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT	I RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	1 1(e) 19. WAS AUTOPSY PERFORMED?
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ı	CERTIFICATION	208, EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY	OCCURED. (E)	nter netura of injury in Pert I or Pr	art II of Jem 18.)	
ı		PRIMARY ST or CONTRIBUTING	1 8	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1		CAUSE OF DEATH. Shut self C S	nuis	un		
l	MEDICAL	20c. TME OF INJURY Month, Day, Year 20d. INJURY OCCURRE	D 200. PEAC	EF OF INJURY (Home, farm, 20)	f. (City or lown) (Co	unty) (State)
I	9	Hour am 9-22 16/ While Not While at work at work		ry, street, office bldg., etc.)	30/Kin H	a-Md
1	Σ			me !/		7 - 0,
		21/I certify that I took charge of the remains described	above, hel	d an Autopsy L, Inspe	ction Inquiry	and in my opinion
١		death resulted from, Natural causes , Accident [J. Surcio	de 🔀, Homicide 🔲,	Undetermined manner	7 /
		M		CHIEF MEDICAL EXAMIN	VER 17 Sel Kin.	no
		ACTUAL - TOVAIL C Nakmer			1	The company of the company
1		SIGNATURE		M.D. ASSISTANT MEDICAL E	XAM NEK	DATE SIGNED
ı		EXAMINER'S C - 1/1 C Palman	- 14 i	DEPUTY MEDICAL EXAM	UNER □ 9-23	2-61
ı		NAME (Type) & CTL(C) C C C	1000	Address (Streat, city, to	wn, or county)	~/
	228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	CEMETERY OR		LOCATION (City, town, or country	(Stela)
) or	REMOVAL (Specify)				(
J	13	BURIAL 9-26-1961 STMich	act's Lu	1 h CEMETERY		7
J	23.	FUNERAL DIRECTOR ADDRESS		24e. 'REC'D BY I	REGISTRAR 246. REGISTRAR'S	
	+	anala Francolina 140, Bolo	R-	DATE SEP 2	25'61 arthur.	8. Kraus
-1	0	was about the 140 1 Della	12 V V V V V V V V V V V V V V V V V V V	I DAIL THE		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution a. COUNTY a. STATE lin by the f s 1 and 2 s frer death. MARYLAND b. CITY OR TOWN If outside corporate c. LENGTH OF STAY IN 16 . CITY OR TOWN (If outs'de corporate limits, wr'ta RURAL an ogive write RURAL and give nearest town Vears Pages 善 illed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? Watervale Road Watervale YES NO Road papers 3. NAME OF DATÉ Month DECEASED OF сотр (Type or print) DEATH 6 COLOR OR RACE I AGE (In years IF UNDER 24 last buttiday) and Dec. 15. Months Days Hours Min. 1872 WIDOWED W DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove 1 tt. 'BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired)
HOUSEWORK Housewife Austria 5_{\bullet} 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME please attending Vincent Seher Clara Hunger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Son) Storbak, Jr. Then 16, SOCIAL SECURITY NO 17, INFORMANT Addrewatervale Rd. (Yes, no er unkown) (If yes give war or dates of service) Frank V. Pallston, Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) **DUE TO** peen Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18) detached After WEDICAL 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. While at work at work DIRECTOR: pe 21. | certify that (I) (this hospital) attended the deceased from. plnous19.6., and that death occured at saw the deceased alive on. ATTENDING 22b. DATE 22a. SIGNATURE SIGNED DIRECTOR 22d. ADDRESS NAME (Type) rector, fied 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Fallston. £ 5 0 Burial Friendship Cem. Sept. 20. 1961 25a, REC'D BY REGISTRAR , 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE W. Broadways & Williams YR A15 (4) nextitu. folice arthur S. Kines 15M 9/60 Bel Air, Maryland DATE woseph W. Foster

MARYLAND STATE DEPARTMENT OF HEALTH



15M 9/60

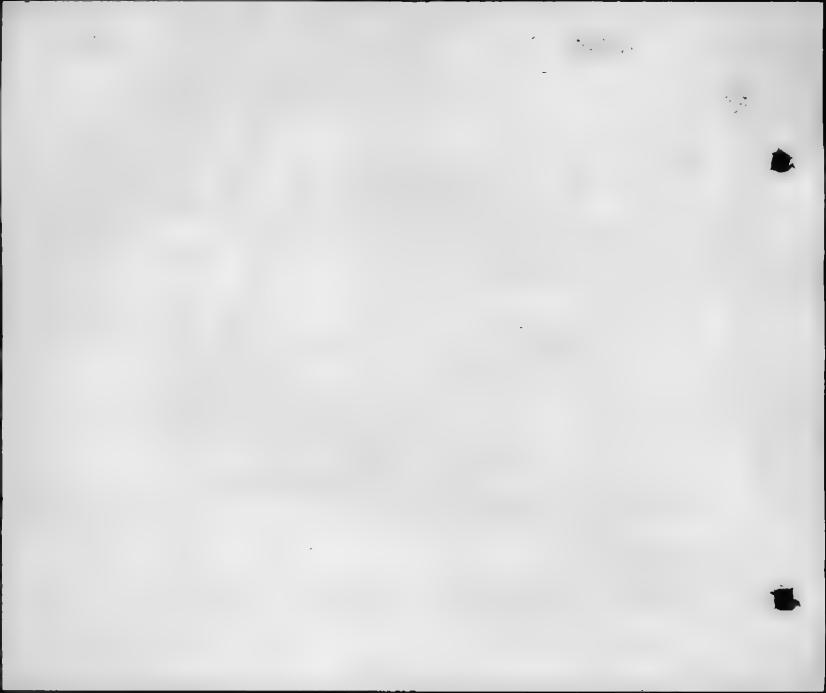
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		10000-
I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institutions	residence before edmission)
Harford MARYLAND	e. STATE B. COUNTY Har	ford
b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 write RURAL end g ve neerest town)	5. CITY OR TOWN (If outside corporete limits, write RURAL er	
Aberdeen Proving Ground	Aberdeen Proving Ground	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
USAH, Aberdeen Proving Ground, Maryland	2761 L Rodman Road	YES NO SE
3. NAME OF Fist Middle	Last 4. DATE Month	Day Year
(Type or print) EZER	TAYLOR DEATH SEPTEMBER	28 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER	_
D'omole Monard I	April 20. 1893 68 yrs. Months	Deys Hours Min.
		IZEN OF WHAT COUNTRY?
Housewife None	Clay County, Alabama USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JIM JOHNSON	LULA CURLEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	INFORMANT Address 2761	L Rodman Rd
	Johnie Burch (Daughter) Aberd	een PG. Md.
18. CAUSE OF DEATH [Enter only one cause per i ne for (a), (b), and (c).]	The state of the s	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	rebral Infarction	US hours
332 X DUE TO		
Conditions, if eny, which (b)	rebral Arteriosclerosis	Unknown
gave rise to immediate cause (a), stating the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	
EATI		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter neture of injury in Pert I or Part II of Item 18.)	,
¥ 1	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
Hour e.m. p.m. 19 While Not While stwork et work	lory, street, office bing , etc., j	
21. I certify that (I) (Nic your attended the deceased from.	27 September 1961 to 28 September	.6Ithat (I) (me) last
saw the deceased alive on27 September 1961 , and that		
22e. SIGNATURE		22b. DATE
on & Hollman "	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 28	September 196
SZC. PHYSICIAN'S	22d. ADDRESS	Not toursel The
JOHN E'THOFFMAN, CAPT, MC	US Army Hospital, Aberdeen	Proving Ground
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY		
1 Ruoval. 9/29/1961 City Openet	lerry Mourate - Alle	bauca _
24 PONERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S	
July 7. 8 arring - bleekleen The	DATE OCT 3 '51 Orthus	1. / 00000



STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Rasidance before admission) a. COJNTY b. COUNTY Page MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town 6 BI NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DECEASED DEATH S the (Type or print) AGE (In years HE UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED TO NEVER MARRIED 5 may fd 2 will hours a last birthday) WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTRY 11. BIRAHPLACE (State or loreign colon) 12. CITIZEN OF WHAT COUNTRY? done during most of Morking Afe, even if retired) pages within 13. FATHER'S NAME Ф WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16, SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) j (Ifyasgivewarordatesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pencil Office burial-t DUE TO removal Conditions, if any, which geve rise to immediate couse v> 10 **DUE TO** (a), stating the underlying causa last. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? should be ial, cremati NO X Medical 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY 24 or CONTRIBUTING [] writing the e Chief Me Page 3 sho to burial, 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, - 20f. (City or lown) Month, Day, Year Not While factory, strept, office bldg petc.) While Tons gro banna C 19 (1) at work at work prior 083 21 I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion DIRECTO Accident X, Suicide Hom'cide Undetermined manner death resulted from. Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 NAME (Type) Address (Street, city, town, or county) 220. BURIAL CREMATION | 226. (State) REMOVAL (Specify) 940 g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME arthur S. Krous 5M 9/60



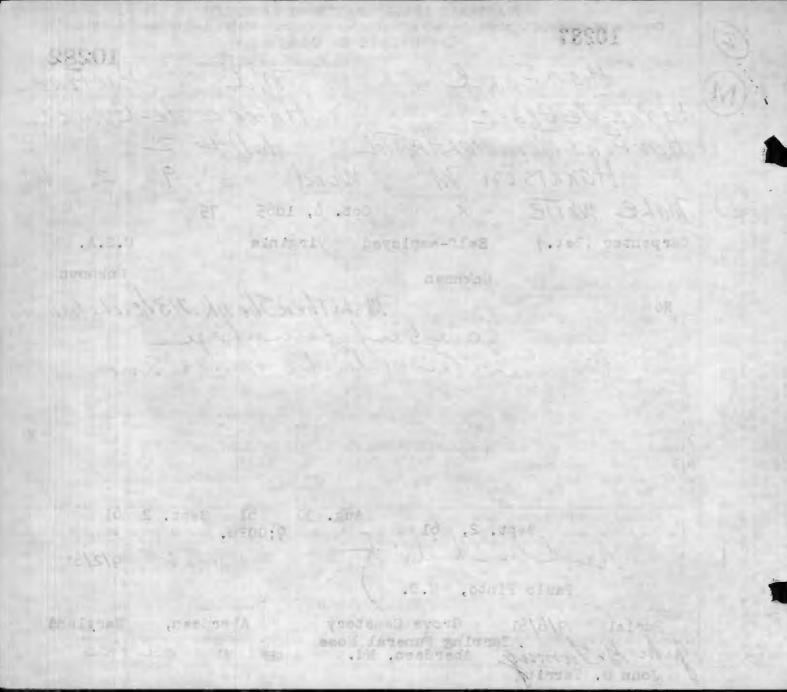
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

=	1 NY MAY ON DELETH		10282
1.	- COLINITY	TATE DATE (Where decessed lived, If instituted by COUNTY)	Mion: Horidan (ablate amission)
	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 16 C. C.	Ma	MARFORA
	y /write RURAL end give nyarest town)	ITY OR TOWN (If outside corporete limits, write RUR	AL end give hearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street/address) d. S	Marre-ae-	GRACE.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street/address)	TREET ADDRESS	e. IS RESIDENCE ON A FARM?
2	TIAKFORA MEMORIALTISPILOL	1.11# 2	YES NO
3.	3. NAME OF DECEASED First Middle	Lost OF Month	Day Yeer
_	(Type or print) TTCIRKISON M. WE	DEATH	2 196/
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE O	lest birthdey) Mon	
_	Make Mh// widowed & DIVORCED Oct.	6, 1885 75 yrs.	
	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	RTHPLACE (County & Stete, or foreign country)	2. CITIZEN OF WHAT COUNTRY?
	Carpenter (Ret.) Belf-employed	Virginia	U.S.A.
13	13. FATHER'S NAME	THER'S MAIDEN NAME	
	Unknown		Unknown
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM. (Yes, no, or unkown) (Hyesgive wer or detes of service)	ANT / Address	0 , 6
	No Meshi	Ther The nk 7/31	erchibine CT
	IB. CAUSE OF DEATH [Enter only one cause per tipe for (a), (b), and (c).]	in a content of	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Leurhage	Order Alta DeAm 7
	DUE TO 1'		
	Conditions, if eny, which ? (b) Arber hale	the barcular X	Masi
	geve rise to immediate cause		
	(e), steting the underlying couse lest.		
Z		TO THE TERMINAL DISEASE CONDITION GIVEN IN	
CERTIFICATION			PERFORMED?
111	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter ne	ture of injury in Pert I or Pert II of item 18.)	
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
Y	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF IN.	JURY (Home, farm, † 201. (City or town)	(County) (Stele)
MEDICAL	Hour e.m. While Not While fectory, street,	, office bldg., etc.)	
~	21. I certify that (I) (this hospital) attended the deceased from AUS.	30 1067 to Sent 2	10/17 that (1) (wa) last
	0-4-0 .67 .		
	22e. SIGNATURE	occured a9.3.00.PMm the causes and	22b. DATE
		ENDING MED. STAFF	0/2/67 SIGNED
		. ADDRESS	7/2/01
	NAME (Type) Paulo Pinto, M.D.		
12	130. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER OF CREM	ATORY 23d. LOCATION (City, town or	county) (State)
43	REMOVAL (Specify)		
0.0	77 77		Maryland
24	24 FUNERAY DIRECTOR'S SIGNATURE Tarring DEPENDERAL Hon	10	4 S. Kraus
7	1 1000000000000000000000000000000000000	DATE SEP 7 '61 Cirthur	1 2. 100
//	// John G. Tarring		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. COUNTY b. COUNTY be filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) the fune d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION
HARFORD MEMORIAL d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO Middle NAME OF 4. DATE DECEASED OF ly filled (Type or print) DEAT 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED Y NEVER MARRIED B. DATE OF BIRTH 9. AGE (In veers ete last birthday) Months Days DIVORCED T WIDOWED IT camp 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) KUTUL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME kurm wenn Mi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending INTERVAL BETWEEN iB. CAUSE OF DEATH [Enter only one couse ger-line for (a)/(b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which permit gave rise to immediate DUE TO couse (a), stating the underhas been si lying couse last. **burial-transit** CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ART II. OTHER SIGNIFICANT CONDITIONS 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING IT 20b, DESCRIBE NOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) O. IR. While Not while of work | at work .ta & 21. I certify that (I) (this haspital) affected the deceased from (c), that (l) (we) last and that death accurred at 3 fm, from the causes and an the date stated above. 12/19/al saw the deceased alive an. TO FUNERAL DIRECTOR: 220. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS should page 3 the Stat BURIAL, CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) 24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) 5 '61 a-Thur & DATE 15M 9/59

